



Provider Communication

Subject: Pharmacy: December 14, 2009 Update	Priority: High
Date: December 11, 2009	Message ID: ACSBNR12112009_2

Dear Pharmacy Provider:

System Downtime:

The SXC claims processing system will be unavailable due to planned maintenance per the following:

- Wednesday, December 16th, between 2:00-4:00 a.m. EST
- Thursday, December 17th, between 3:30-6:00 a.m. EST

Claims needing to be submitted during these periods should be held until the maintenance is completed. Georgia Medicaid apologizes for any inconvenience this downtime may cause.

Point-Of-Sale (POS) Claim Status Response:

As a reminder, please review the POS Claim Status Response for helpful messaging about your processed claim.

Covered Insulin Syringes & Pen Needles Product List:

For a complete and current list of covered insulin syringes and pen needles (including applicable Georgia Maximum Allowable Cost (GMAC) prices) please refer to www.ghp.georgia.gov → Provider Information → Pharmacy Services Overview → View Full Text → Other Pharmacy Documents → Covered Insulin Syringes and Pen Needles.

Labeler Information:

The participating status of the labelers listed below will be effective as indicated for the Medicaid Fee-For-Service Drug Rebate Program:

NEW LABELER		
LABELER CODE	LABELER NAME	EFFECTIVE DATE
42858	RHODES PHARMACEUTICALS L.P.	04/01/2010

VOLUNTARILY TERMINATED LABELER		
LABELER CODE	LABELER NAME	TERMINATION DATE
25356	ACETO PHARMA CORPORATION	01/01/2010

Corporate Offices of Chain Pharmacies: Please share this information with appropriate staff and provide it to each store in your chain that serves Georgia Medicaid Fee-for-Service Members.

Prevacid® 24hr Over The Counter (OTC)

Prevacid® 24HR OTC is not covered by the Georgia Medicaid Fee-for-Service (FFS) Program.

Coverage Changes In Seroquel® 25mg And 50mg Strengths – Effective 12/01/2009

Starting December 1st, 2009 low-dose Seroquel® (quetiapine) 25 mg and 50 mg, taken up to 50 mg/day alone, will no longer be covered for Georgia Medicaid Fee-for-Service (FFS) Members. There will be no disruption to a Member's prescription fills if the Member is using the 25 mg or 50 mg tablets in conjunction with other strengths of Seroquel® to make a total dose greater than 50 mg/day **or** with an antidepressant and/or other antipsychotic.

Coverage Changes In Prevacid® – Effective 01/01/2010

Starting January 1st, 2010, Prevacid® (lansoprazole) capsules will no longer have preferred status on the Preferred Drug List (PDL) for Georgia Medicaid Fee-for-Service (FFS) Members. Both Nexium® (esomeprazole) and Kapidex® (dexlansoprazole) are preferred agents for GA Medicaid FFS Members.

For a complete listing of the Preferred Drug List (PDL), go to www.dch.georgia.gov/pharmacy and select the "Preferred Drug Lists" option.

Prior Authorization (PA) requests should continue to be directed to the SXC Clinical Call Center at 1-866-525-5827.



Rescission Of Medicare Enrollment Requirement

Effective December 1, 2009, the Georgia Medicaid Fee-for-Service Outpatient Pharmacy Program will no longer require outpatient pharmacies seeking Medicaid enrollment to provide a Medicare DMEPOS provider number. Enrollment into Outpatient Pharmacy Services no longer requires proof of Medicare DMEPOS provider enrollment.

Please share all of this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia.

We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for Kids Programs.

Division of Medical Assistance
Pharmacy Services Unit
404-656-4044